

REASON		GRADE 2	Inspection Date: 07/31/2018		ESTABLISHMENT NAME: SANCTUARY MALE EMERGENCY SHELTER	
Regular	✓		Time In/Out: 2:00PM 3:15PM		OWNER/OPERATOR: SANCTUARY, INC.	
Follow-Up						
Complaint			RATING A		LOCATION: CHALAN PAGO	
Investigation		Sanitary Permit No.: 20000-15000214		Establishment Type: FGDC		
Other:				PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired		
No. of Children: 4 Male 0 Female 0 Total			Child Care License: No.: 170138 <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Provisional <input type="checkbox"/> Expired			

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

[illegible]

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

***Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:**

Received By (Name & Title):

LEILANI GILTINAG / CASE MANAGER / MR. [Signature]
 DEH Inspector (Name & Title):
 V. RAHMUNDO, BATO I [Signature] 3ED-9570

Rev: 08/2/05
DEH-06

White Copy - DEH

Yellow Copy - Establishment